MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14346

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) FRANCIS (Middle) HOOD (Last) BAILEY
4. DATE OF DEATH: (Month) DEC. (Day) 1, (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: JAN 8, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Federal Government
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harvey Bailey
14. MOTHER'S MAIDEN NAME: Elizabeth Jenks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Francis H. Bailey - Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1
Immediate cause (a) Chronic Myocarditis
DUE TO
Antecedent cause(s) (b) Arteriosclerotic Cardiovascular Disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Chronic Nephritis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25, 1952, to Dec. 1, 1952, that I last saw the deceased alive on Dec. 1, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE Clark H. Houseman (DEGREE OR TITLE) M.D. ADDRESS Pleasantville Md DATE SIGNED Dec. 3 1952

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF Dec. 4, 1952
NAME OF CEMETERY OR CREMATORY Silverbrook Crematory
LOCATION (City, town, or county) (State) Wilmington, Delaware

DATE REC'D BY LOCAL REG. 12/3/52
REGISTRAR'S SIGNATURE Wm D. George
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14347

CERTIFICATE OF DEATH

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AI... 51

1. PLACE OF DEATH:

COUNTY: Caroline — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethlehem - Rural

LENGTH OF STAY (in this place): 13yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethlehem

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) Lee (Last) Burrows

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Sept. 13, 1936	16 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Thomas Burrows

14. MOTHER'S MAIDEN NAME: Ida Marie Sard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Ida Dyott, Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Chronic Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Congenital Heart Disease Tetralogy of Fallot — 16 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from 3/5, 1952, to 12/25, 1952, that I last saw the deceased alive on 12/25, 1952, and that death occurred at 5:55 P.m., from the causes and on the date stated above.

SIGNATURE: Cornelia B. Plummer. (DEGREE OR TITLE) M.D ADDRESS: Preston, Maryland DATE SIGNED: 12/29/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 29, 1952	Spring Hill Cemetery	Easton, Talbot, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1/1/53	Cornelia W. Plummer	Maurice E. Newnam & Son Easton, Md.

RECEIVED
JAN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4348

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Federalsburg - Rural
LENGTH OF STAY (in this place): 42 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Houston Branch Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Federalsburg - Rural
STREET ADDRESS (If rural give location): Houston Branch Road

3. NAME OF DECEASED: (Type or Print) (First) Anah (Middle) Louise (Last) Butler

4. DATE OF DEATH: (Month) December (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 7, 1891

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Knox

14. MOTHER'S MAIDEN NAME: (First name unknown) Trice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: George G. Butler, Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2
Immediate cause (a) Chronic myocarditis — Interval Between Onset And Death: 2yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 19 52 to 12/11, 19 52 that I last saw the deceased alive on 12/11, 19 52 and that death occurred at 9:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank M Anderson M. D. — ADDRESS: Federalsburg, Maryland — DATE SIGNED: 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 14, 1952 — NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery — LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: December 13, 1952 — REGISTRAR'S SIGNATURE: Margaret H. Frampton

24. FUNERAL DIRECTOR — ADDRESS: J.J. Frampton and Son, Federalsburg, Md.

RECEIVED
DEC 31 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14349

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Mission

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural
STREET ADDRESS (If rural give location): Near Mission

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Curtis

4. DATE OF DEATH: (Month) December (Day) 15 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 15, 1872

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Quantico, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Sarah V. Curtis, Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 12/15/52

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension with Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/12, 1952, to 12-15, 1952, that I last saw the deceased alive on 12-14, 1952, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE W. L. Lemmon (Degree or title) M. D. ADDRESS Federalsburg, Maryland DATE SIGNED 12/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 18, 1952 | NAME OF CEMETERY OR CREMATORY Saint Paul Cemetery | LOCATION (City, town, or county) (State) Near Concord, Maryland

DATE REC'D BY LOCAL REGISTRAR December 19, 1952 | REGISTRAR'S SIGNATURE Margaret H. Frampton | 24. FUNERAL DIRECTOR ADDRESS J.J.Frampton and Son, Federalsburg, Md.

RECEIVED
DEC 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14350

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg – Rural
MARYLAND
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: River Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Federalsburg – Rural
STREET ADDRESS (If rural give location): River Road

3. NAME OF DECEASED: (First) John (Middle) (Last) Dickerson
4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: ——— 1881
9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Miller
10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill
11. BIRTHPLACE (State or foreign country): Caroline County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Dickerson
14. MOTHER'S MAIDEN NAME: Elizabeth Chambers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Ida Rhodes, Atlantic City, N. J.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331 X
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Hypertension
DUE TO
(c)

Interval Between Onset And Death: 3 days; 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1952, to 12/28, 1952, that I last saw the deceased alive on 12/28, 1952 and that death occurred at 8:45 a.m. from the causes and on the date stated above.

SIGNATURE: Frank M Anderson (Degree or title) M. D.
ADDRESS: Federalsburg, Maryland
DATE SIGNED: 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 31, 1952
NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Md.

DATE REC'D BY LOCAL REGISTRAR: December 31, 1952
REGISTRAR'S SIGNATURE: Margaret H. Frampton
24. FUNERAL DIRECTOR: J.J.Framptom and Son, Federalsburg,, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

REÇU
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14351

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) LEE (Last) FEARINS
4. DATE OF DEATH: (Month) DEC (Day) 16 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: July 11, 1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Collins
14. MOTHER'S MAIDEN NAME: Sarah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Joseph Larrimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerosis General — INTERVAL BETWEEN ONSET AND DEATH 8 yrs

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

450.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Oct 16, 1952, that I last saw the deceased alive on Oct 16, 1952, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE Hanson O Yeong (DEGREE OR TITLE) M D ADDRESS Denton Md DATE SIGNED 12/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec. 19, 1952
NAME OF CEMETERY OR CREMATORY Wesley Churchyard
LOCATION (City, town, or county) Burrsville, Md. (State)

DATE REC'D BY LOCAL REG. 12/19/52
REGISTRAR'S SIGNATURE Wm D O George
24. FUNERAL DIRECTOR J. Virgil Moore & Son, Denton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

14352

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Preston Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural
STREET ADDRESS (If rural give location): Preston Road

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Gordon (Last) Green
4. DATE OF DEATH: (Month) December (Day) 16 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 9, 1952
9. AGE last birthday: yrs. — If under 1 year: Months 5, Days 7 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Easton, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ralph Green
14. MOTHER'S MAIDEN NAME: Dorothy V. Towers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ralph Green, Federalsburg, Maryland, R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffication — Few Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Strangulation — Few Minutes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): Federalsburg — (COUNTY): Caroline — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 4 1952 4 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Strangulation

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE: Lincoln C. George (Degree or title) Deputy Medical Examiner — ADDRESS: Dickson Md — DATE SIGNED: 12/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 19, 1952 — NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery — LOCATION (City, town, or county) (State): Federalsburg, Md.
DATE REC'D BY LOCAL REG.: December 17, 1952 — REGISTRAR'S SIGNATURE: Margaret H. Frampton
24. FUNERAL DIRECTOR — ADDRESS: J.J.Frampton and Son, Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1A

20721714-5

MARYLAND STATE DEPARTMENT OF HEALTH

14353

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural; LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Bethel	STREET ADDRESS (If rural give location) Near Bethel

3. NAME OF DECEASED (Type or Print) (First) Calvin (Middle) (Last) Hassett			4. DATE OF DEATH (Month) December (Day) 22 (Year) 1952		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 5, 1905	9. AGE last birthday 47 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Banning Motor Co.		11. BIRTHPLACE (State or foreign country) Caroline County, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William G. Hassett			14. MOTHER'S MAIDEN NAME Mary A. Coulbourne		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT William G. Hassett, Federalsburg, Md.		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary occlusion	Immed
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 12 22 52 CHA m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis A. Wretty MD	D.M.E.	Easton Md	12-22-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec. 24, 1952	NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery	LOCATION (City, town, or county) (State) Federalsburg, Maryland
DATE REC'D BY LOCAL REG. December 22, 1952	REGISTRAR'S SIGNATURE Margaret H. Frampton	24. FUNERAL DIRECTOR J.J. Framptom and Son, Federalsburg, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

DEC 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4351

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Effie (Middle) Linda (Last) Hignett
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 18th 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Apr. 1st 1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months 9 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: N.S.H.

13. FATHER'S NAME: David Andrews
14. MOTHER'S MAIDEN NAME: Sarah Fleetwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Sherman Hignett (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Arterio Sclerosis General	10 yrs
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Bronchitis Chronic	20 yrs
	DUE TO		
	(c)		

450.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1945, to 12/18, 1952, that I last saw the deceased alive on 12/18, 1952 and that death occurred at NT m., from the causes and on the date stated above.

SIGNATURE Hanson George Md (DEGREE OR TITLE) ADDRESS Denton Md DATE SIGNED 12/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec. 21st
NAME OF CEMETERY OR CREMATORY Denton Cem
LOCATION (City, town, or county) Denton Caroline (State) Md

DATE REC'D BY LOCAL REG. 12/19/52
REGISTRAR'S SIGNATURE Wm D. A. George
24. FUNERAL DIRECTOR J. Virgil Moore & Son. ADDRESS Denton

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Henderson
LENGTH OF STAY (In this place) 14 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Henderson
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) C. (Last) Hurley
4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 52 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 12/3/1885
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levin Hurley
14. MOTHER'S MAIDEN NAME Octavia Langrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No Record
17. INFORMANT Lester H. Hurley 507 Hollen Rd. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Several Yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Duncan S. George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md. DATE SIGNED 12/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/10/52
NAME OF CEMETERY OR CREMATORY Chaze
LOCATION (City, town, or county) Chase, Md. (State)

DATE REC'D BY LOCAL REG. 12/9/52
REGISTRAR'S SIGNATURE H. W. Hedrick Dmd
24. FUNERAL DIRECTOR Wm Cook Inc 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

4356

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston - Rural
LENGTH OF STAY (in this place) 43 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frazier Flats

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston - Rural
STREET ADDRESS (If rural, give location) Frazier Flats

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Elizabeth (Last) Lankford
4. DATE OF DEATH (Month) December (Day) 30 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH October 26, 1885
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Tracey
14. MOTHER'S MAIDEN NAME Mary Elizabeth (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Sidney Lankford, Preston, Maryland, R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

42 cc

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Edwin G. Riley (Degree or title) M.D. ADDRESS Denton, Md. DATE SIGNED Jan 2, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 3, 1953
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REG. January 3, 1953
REGISTRAR'S SIGNATURE Margaret H. Framptom
24. FUNERAL DIRECTOR J.J.Framptom and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

RECEIVED
JAN 7 ...
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

14357

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-5A

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (In this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Concord

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural give location) Near Concord

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Catherine	Moore	December	18	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Sept. 7, 1868	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Dorchester County, Maryland	U.S.A.

13. FATHER'S NAME: George Calloway

14. MOTHER'S MAIDEN NAME: Catherine Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. Roland L. Trice, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis Acute — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

4317

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Almoner George Petty Medical Examiner, Denton Md — 12/20/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 21, 1952	Bloomery Cemetery	Near Federalsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
December 20, 1952	Margaret H Trampton	J.J.Frampton and Son, Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11358

CERTIFICATE OF DEATH

Reg. Dist. No. 64

M

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Federalsburg-Denton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural
STREET ADDRESS (If rural give location) Federalsburg-Denton Road

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Clinton (Last) Nichols
4. DATE OF DEATH: (Month) December (Day) 21 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 25,1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Sussex County, Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Nichols
14. MOTHER'S MAIDEN NAME: Sallie Murray
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Viola Nichols, Denton, Maryland, R.F.D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Lobar Pneumonia — Interval Between Onset And Death 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cardia-Vascular-renal disease 3 years

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1952, to Dec. 21, 1952, that I last saw the deceased alive on Dec. 20, 1952, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE H. Small (Degree or title) MD ADDRESS Denton Md DATE SIGNED 12-23-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 26,1952
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) Near Federalsburg, Maryland
DATE REC'D BY LOCAL REGISTRAR December 24, 1952
REGISTRAR'S SIGNATURE Margaret H. Frampton
24. FUNERAL DIRECTOR J.J.Frampton and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

T

RECEIVED
DEC 29 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4359

CERTIFICATE OF DEATH

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 (8-51)

1. PLACE OF DEATH:

COUNTY Caroline — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely

LENGTH OF STAY (in this place) 78 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Alberta (Last) Smith

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 52 19

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 1/16/1874

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Downes

14. MOTHER'S MAIDEN NAME: Anna Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: E. Viola Smith Ridgely, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary arteriosclerosis	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) General arteriosclerosis	4 years
	DUE TO (c)	

42

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19.47, to Dec 4, 19.52, that I last saw the deceased alive on Dec 4, 19.52, and that death occurred at 11:50A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Paul Curtis M.D. ADDRESS Denton Md DATE SIGNED 12-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 12/9/52 — NAME OF CEMETERY OR CREMATORY Hillsboro — LOCATION (City, town, or county) (State) Hillsboro, Md.

DATE REC'D BY LOCAL REG. 12/9/52 — REGISTRAR'S SIGNATURE Mary E. Laird — 24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

14360

Reg. Dist. No. 61

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro - Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yr - 4 mo - 19 da.

Hospital, institution, or street address where death occurred: Riverside Conol. Home

How long in hospital or institution? 3 yr - 4 mo - 19 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent - Md.

City or town: Stillpond
(If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Delia Ann Urie

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: white.

6.(a) Single, married, widowed, or divorced: X

6.(b) Name of husband or wife: James W. Urie

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1-6-1864

8. AGE: Years: 88 Months: 11 Days: 11 If less than one day ..... hrs. ..... min.

9. Birthplace: Still Pond, Kent Co Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Elijah Crosley
13. Birthplace: Md.

MOTHER
14. Maiden name: Delia Crosley
15. Birthplace: Md.

16. Informant: Mrs. Catherine White

Address: Kennedyville Md. 12-20-52

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Still Pond (month) (day) (year)

Cemetery or crematory: Still Pond Cemetery

Location: Still Pond, Md.

18. Funeral director: B. R. Fellows

Address: Still Pond, Md.

19. Dec. 17, 1952 (Date rec'd by registrar) L. McPiggin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 17, 1952, at 1.15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 7, 1949, to Dec 17 1952 and that I last saw her alive on Dec 16 1952

Immediate cause of death: Cerebral Hemorrhage with Hemiplegia

Due to: Cerebral + General Arteriosclerosis

Due to: 3 yr

Other conditions: .....

(Include pregnancy within 3 months of death)

DURATION: 3 da

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Charles H. Greensfelder M. D. or other

Address: Greensboro, Md. Date signed: Dec 17, 1952

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14361

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Caroline — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Preston - Rural

LENGTH OF STAY (in this place): 7 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Hynson

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Caroline

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Preston - Rural

STREET ADDRESS (If rural give location): Near Hynson

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) John (Last) Williamson

4. DATE OF DEATH: (Month) December (Day) 4 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	February 6, 1909	43 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Lineman	R. E. A.	Caroline County, Maryland	U.S.A.

13. FATHER'S NAME: John W. Williamson

14. MOTHER'S MAIDEN NAME: Laura F. Williams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		219-14-3224	Melvin Williamson, Preston, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause — (a) DUE TO: Generalized Carcinomatosis — Interval Between Onset And Death: 10 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO: Carcinoma of K Sigmoid — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 1952	See KBarr	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from 4/1/ ....., 19 45, to 12/4 ....., 1952, that I last saw the deceased alive on 12/2 ....., 1952, and that death occurred at 1 P.M. ....., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jane A. Plummer M.D. — ADDRESS: Preston Maryland — DATE SIGNED: 12/6/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 7, 1952	Linchester Cemetery	Preston, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/6/52	Cornelia W. Plummer	J.J.Framptom and Son,	Federalsburg, Md.

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DEC 9 1952
BUREAU V. I.